MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER AFTER 1st AMENDMENT 2nd AMENDMENT				*		*		*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	[IND.	DEP.	IND.	DEP.	IND.	DEF
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TOTAL DEP.	64	-			<u></u> .		1	TOTAL DEP.					1	
TOTAL CLAIMS	78						1	TOTAL						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-1360** (REV. 3-78)

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